

Section A.

CANDIDATE SUBMISSION

1ST Submission: Circle quadrant(s) submitted

2nd Submission: Circle quadrant(s) submitted

URUL

LRLL

☐ Accepted

☐ Not Accepted

Examiner Number(s)

URUL

LRLL

☐ Accepted

☐ Not Accepted

Teeth # _____

Examiner Number(s)

FOR COMMITTEE USE ONLY

PROBE ERRORS

Examiner 1

No.

Tooth

Surface

Pocket Reading

Examiner 2

No.

Tooth

Surface

Pocket Reading

Error

Section B.

PERIODONTAL ASSESSMENT

Record six probing depths for each tooth in quadrant(s) submitted. Furcation involvement (I-IV) and mobility (I-III) recorded for each tooth in quadrant(s) submitted. If no furcation or mobility present, leave box blank.

Place an "X" in the box if the tooth is missing. DO NOT WRITE IN GRAY BOXES

FACIAL

Mobility

Furcation

Pocket Depth

Tooth #

Pocket Depth

Furcation

LINGUAL

RIGHT

1

2

3

4

5

6

7

8

RIGHT

32

31

30

29

28

27

26

25

FACIAL

Mobility

Furcation

Pocket Depth

Tooth #

Pocket Depth

Furcation

LINGUAL

LEFT

9

10

11

12

13

14

15

16

LEFT

24

23

22

21

20

19

18

17

Section C.

CONDITION OF HARD & SOFT TISSUES

Lips _____ Normal _____ Abnormal Describe _____

Floor of Mouth _____ Normal _____ Abnormal Describe _____

Tongue _____ Normal _____ Abnormal Describe _____

Oral Mucosa _____ Normal _____ Abnormal Describe _____

Palate _____ Normal _____ Abnormal Describe _____

Carious Lesions _____ Yes _____ No Location(s) _____

FOR COMMITTEE USE ONLY

1

2

3

4

5

6

7

8

9

10

11

12

YES

NO

DF

F

MF

DL

L

ML

M

D